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Rebuilding Lives: Mental health matters

Policy and Practice briefing
January 2016

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Rebuilding Lives is the largest UK study to have examined the experiences of homeless people who have been rehoused through planned resettlement programmes, and the only study to have followed up formerly homeless people for five years after they were rehoused.

Five years after being resettled, many participants had made considerable progress in rebuilding their lives. They were settled in their accommodation, had created a home, and some were involved in education, training programmes or had attained employment. For several, family and social relationships had improved and some young people had started their own family. Many remained vulnerable, however, and required long-term or intermittent support in order to sustain a tenancy and prevent further homelessness.

This briefing focuses on the participants' mental health problems five years after they were resettled. It proposes several recommendations regarding how best to meet the mental health needs of formerly homeless people. These are directed at mental health professionals and also managers and staff of housing support services.

Key findings:

- Mental health problems were common among the participants, and the percentage who reported these problems increased slightly after they were resettled. The increase was most noticeable among young people aged 20-24 years.
- Some participants had mental health problems that were severe and disabling, and affected their ability to manage independent living and move forward with their lives.
- For some people, mental health problems were triggered or exacerbated when they faced stressful events after being resettled, or when they tried to resolve or come to terms with past traumas and difficulties.
- One-third of participants with mental health problems identified help or treatment that they needed but were not receiving.
- Some participants were affected by concurrent mental health and substance misuse problems. This applied mainly to those aged in their forties (57%) and fifties (74%).



About Rebuilding Lives

Rebuilding Lives is a study of the longer-term outcomes for formerly homeless people who were resettled into independent housing in London, Nottinghamshire and South Yorkshire. Building on an earlier study (FOR-HOME) which investigated the experiences of 400 formerly homeless people during the first 18 months post-resettlement, Rebuilding Lives attempted to contact after five years those participants who were housed and interviewed at 18 months. Of the potential 297 participants, 237 were interviewed (224 were housed and 13 were homeless); 17 were contacted but declined an interview; 14 had died or were in prison; and 29 could not be traced. Interviews took place in 2013-14.

The Rebuilding Lives study was funded by the National Institute for Health Research (NIHR) School for Social Care Research, and was carried out by Maureen Crane, Louise Joly and Jill Manthorpe, from the Social Care Workforce Research Unit at the Policy Institute at King's College London. It was undertaken in collaboration with five homelessness sector organisations: Centrepoin, Framework Housing Association, St Anne's Community Services, St Mungo's, and Thames Reach.

About the Policy Institute at King's

The Policy Institute at King's College London acts as a hub, linking insightful research with rapid, relevant policy analysis to stimulate debate, inform and shape policy agendas. Building on King's central London location at the heart of the global policy conversation, our vision is to enable the translation of academic research into policy and practice by facilitating engagement between academic, business and policy communities around current and future policy needs, both in the UK and globally. We combine the academic excellence of King's with the connectedness of a think tank and the professionalism of a consultancy.

About the Social Care Workforce Research Unit

The Social Care Workforce Research Unit (SCWRU) at King's College London is funded by the Department of Health Policy Research Programme and a range of other funders to undertake research on adult social care and its interfaces with housing and health sectors and complex challenges facing contemporary societies.

The Homelessness Research Programme is based within SCWRU. It includes studies of: the causes of homelessness; the problems and needs of homeless and formerly homeless people; transitions through and exits from homelessness; and evaluations of services for homeless people. The programme also has a role in influencing the development of policies and services to prevent and alleviate homelessness. More information can be found online at

<http://www.kcl.ac.uk/sspp/policy-institute/scwru/res/hrp/index.aspx>

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Findings and what needs to happen

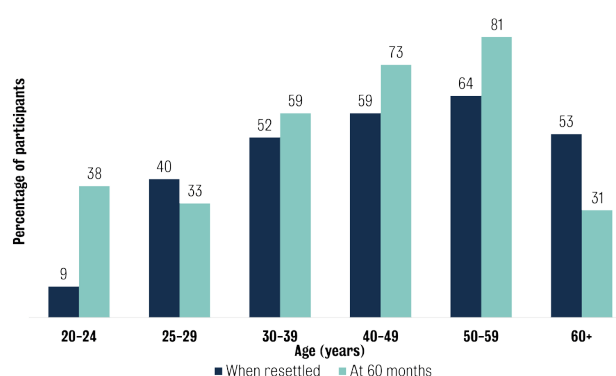
Mental health problems were common among the participants after they were resettled. At five years:

- **60%** reported one or more mental health problems, most commonly depression, anxiety and panic attacks. One in ten described having schizophrenia or hearing 'voices' or feelings of persecution and paranoia.
- Mental health problems were most commonly reported by participants aged in their forties and fifties (**73%** and **81%** respectively), and many of these also had concurrent substance misuse problems.
- There was a slight increase over time in the prevalence of mental health problems among the participants – **51%** reported problems at the time of resettlement and **60%** five years later. The largest increase was among those aged 20-24 years (from **9%** to **38%**).
- **56%** of participants with mental health problems were receiving treatment, mainly medication from their GP. One-third identified help or treatment that they needed but were not receiving. The most common help they would have liked was counselling or talking to someone about how they were feeling.

Participants with mental health problems were more likely to be worried about how things were going, and to report loneliness and poor motivation.

81% with mental health problems compared to **43%** of the rest of the sample said that they were worried and anxious some or most of the time.

The prevalence of mental health problems over time by age at 60 months (self-reports)



'I want help with my depression, anxiety and panic attacks. I saw a counsellor for a while two years ago but the worker left and there was a mess up with my appointments. They forgot to give me a new worker; I got lost in the system.'

Managing independent living

Some participants had mental health problems that were severe and disabling, and affected their ability to manage independent living and move forward with their lives. Participants with mental health problems were more likely than the rest of the sample to struggle to cope with everyday tasks. They were more likely to report difficulties:

- doing household tasks such as cooking and cleaning
- managing finances, budgeting and paying bills.

30% of participants with mental health problems were living in accommodation that had become dirty or squalid, and **9%** were hoarding with the result that parts of their accommodation had become inaccessible.

Several people with mental health problems were not eating well – **36%** had a meal three times a week or less. Some also said that they were unable to sleep, became angry and bad tempered, and found it hard to go out as they did not want to be around other people.

44% of participants with mental health problems identified unmet support needs – in particular they wanted help to manage their money, and guidance to link into work or other activities.

‘In many ways I’m a recluse and don’t go out ... [my depression makes me] unsociable, argumentative and I have a go at people when it is not their fault.’

‘Depression causes me to lack discipline and energy. I spend a lot of time on my own and get upset with myself. It is a constant struggle to do things.’

What needs to happen

Some formerly homeless people have mental health problems that are severe and disabling. They need a great deal of help to sustain a tenancy and rebuild their lives. Regular, long-term tenancy support should be available to them for as long as this help is required.

Workers supporting formerly homeless people who are living in squalid or risky conditions, or are hoarders or self-neglecting, should consult with staff in the local authority, such as safeguarding teams, and collaboratively draw up personalised support plans to address the problem and support the individual. They should also discuss the situation with the person’s GP, or request an assessment of their client’s mental health or need for care and support.

Some localities have developed or are working on policies about hoarding and self-neglect - housing managers and support workers need to engage with their development.

Coping with stresses and challenges after being resettled

For some participants, mental health problems were triggered or exacerbated when they were faced with stressful events after being resettled, such as a burglary, the death of relative or friend, or problems with neighbours. The increase in the prevalence of mental health problems among young people was mainly linked to their financial problems and debts.

'The burglary [three years ago] took its toll on me and set me back a lot. I was doing an NVQ but became depressed, fell behind with the work, and was asked to quit the course. I don't want to go out or do things. I also drink more.'

In some instances, mental health problems were triggered or exacerbated when participants tried to resolve past traumas and difficulties, such as re-establishing contact with relatives or children. Renewing family contact stirred up painful memories of abuse, neglect or abandonment for some participants, and contributed to depression and anxiety.

What needs to happen

There should be greater recognition by community mental health teams and housing support workers of the need for psychological support for formerly homeless people who are trying to rebuild their lives and come to terms with, or resolve, past traumas and difficulties.

Effective and accessible mental health services, including talking therapies, should be available to formerly homeless people who require such help.

Supporting people with concurrent mental health and substance misuse problems

Some participants were affected by concurrent mental health and substance misuse problems (alcohol and/or drugs). This applied to **57%** aged in their forties and **74%** aged in their fifties.

The interactions of the various problems are complex. For some people, mental health problems such as depression or panic attacks were exacerbated when they tried to address their substance misuse problems.

Helping and supporting people with both mental health and substance misuse problems can also be challenging.

Case Study: Bill

Bill was resettled into social housing when he was aged 38 years. He had a psychotic illness and was under the care of a community mental health team. He had a history of heavy drinking but was not drinking at the time of resettlement. When interviewed after five years, he had recently started to drink heavily again and had stopped taking his medication. He had suicidal thoughts and was admitted into a psychiatric hospital. Following discharge from hospital, he remained vulnerable and continued to receive a great deal of support from the community mental health team and a tenancy support worker.

What needs to happen

Co-ordinated treatment and support should be available to formerly homeless people who are affected by concurrent mental health and substance misuse problems to reduce their substance misuse, improve their mental health and ensure housing stability.

The full report, *Rebuilding Lives: Formerly homeless people's experiences of independent living and their longer-term outcomes*, is available online at:

<http://www.kcl.ac.uk/scwru/res/hrp/hrp-studies/rebuilding.aspx>

Other Policy and Practice briefings on: Housing matters; Training and employment; and Finances and welfare benefits are also available online at the same link.

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